

AMENDED IN SENATE APRIL 14, 2016
AMENDED IN SENATE MARCH 28, 2016

SENATE BILL

No. 994

Introduced by Senator Hill

February 10, 2016

An act to amend the heading of Article 2.6 (commencing with Section 1645) of Chapter 4 of Division 2 of, to amend the heading of Article 10 (commencing with Section 2190) of Chapter 5 of Division 2 of, and to add Sections 1645.5, 2197, 2454.6, and 2496.5 to, the Business and Professions Code, and to add Article 2.7 (commencing with Section 1223) of Chapter 1 of Division 2 to the Health and Safety Code, relating to antimicrobial stewardship.

LEGISLATIVE COUNSEL'S DIGEST

SB 994, as amended, Hill. Antimicrobial stewardship policies.

(1) Under *the existing law, the Dental Practice Act, the Dental Board of California, among other things, establishes requirements pursuant to which an California licenses and regulates the practice of dentistry. The act provides that an applicant may obtain an initial 2-year license to practice dentistry and a 2-year renewal license, including that the board may require successful completion of continuing education as a condition to license renewal. license. The act also makes certain conduct unprofessional conduct and authorizes the board to revoke or suspend a license or reprimand or place on probation a dentist for that unprofessional conduct.*

Under *the existing law, the Medical Practice Act, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine establish requirements pursuant to which an applicant may obtain an initial 2-year license or subsequent*

2-year renewal license to practice medicine as a podiatrist, as a physician and surgeon, osteopathic medicine as an osteopathic physician and surgeon, or podiatric medicine as a podiatrist, respectively. Under existing law, the Medical Board of California is required to adopt and administer standards for the continuing education of physicians and surgeons and each year audits a random sample of physicians and surgeons who have reported compliance with those requirements and requires a noncompliant licensee to make up the deficiency during the next renewal period. Under existing law, a licensee who fails to so comply is ineligible for a subsequent renewal license until he or she documents compliance to the board. Existing law provides for similar continuing education requirements as a condition of obtaining a renewal license to practice osteopathic medicine and podiatric medicine. *The act authorizes these boards to discipline a licensee for specified unprofessional conduct.*

This bill would require a “covered licensee,” defined as a dentist, physician and surgeon, osteopathic physician and surgeon, or person licensed to practice podiatric medicine, who practices in a setting other than a clinic, general acute care hospital, or skilled nursing facility, to adopt and implement an antimicrobial stewardship policy consistent with specified guidelines or methods of intervention, as defined, before applying for a renewal license and, upon applying for a renewal license, to certify in writing, on a form prescribed by the respective licensing board, that he or she has both adopted an antimicrobial stewardship policy and is in compliance with that policy. The bill would require those licensing boards to audit, during each year, a random sample of covered licensees who have certified compliance with these requirements and would limit the audit of an individual covered licensee to once every 4 years. The bill would require a covered licensee who is selected for audit to submit to the board, on a form prescribed by the board, a copy of his or her antimicrobial stewardship policy. The bill would require the respective licensing board, that determines that its audited covered licensee has failed to comply with these requirements, to require that covered licensee to comply with these requirements during the following renewal period. The bill would provide that *the failure of a covered licensee who fails to comply is ineligible for license renewal until he or she has documented compliance. to comply with those requirements during the renewal period constitutes unprofessional conduct.*

(2) Under existing law, health facilities, including, among others, general acute care hospitals, skilled nursing facilities, primary care clinics, and specialty clinics, are licensed and regulated by the State Department of Public Health, and a violation of those provisions is a crime. Existing law requires that each general acute care hospital, on or before July 1, 2015, adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by the federal government and professional organizations that includes a process to evaluate the judicious use of antibiotics, as specified. Existing law requires each skilled nursing facility, on or before January 1, 2017, to adopt and implement an antimicrobial stewardship policy consistent with guidelines developed by the federal Centers for Disease Control and Prevention and other specified entities.

This bill would, beginning January 1, 2018, require a clinic to adopt and implement an antimicrobial stewardship policy consistent with specified guidelines or methods of intervention, as defined. Because this bill would create new crimes, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) The overuse and misuse of antibiotics can lead to the
4 development of antibiotic-resistant infections, a major public health
5 threat.
6 (b) The federal Centers for Disease Control and Prevention
7 (CDC) estimates that at least 2,000,000 Americans are infected
8 with, and at least 23,000 Americans die as a result of,
9 antibiotic-resistant infections every year, resulting in at least \$20
10 billion in direct health care costs and at least \$35 billion in lost
11 productivity in the United States.

1 (c) Antibiotic resistance is a growing threat. A recent study
2 commissioned by the United Kingdom determined that by 2050,
3 worldwide, more people will die from antibiotic-resistant infections
4 than from cancer.

5 (d) The overuse and misuse of antibiotics in human medicine
6 is a significant factor driving the development of antibiotic
7 resistance, and a majority of antibiotics are prescribed in outpatient
8 settings, including primary care physician offices, outpatient
9 settings where physician assistants and nurse practitioners work,
10 dentist offices, and other specialty health care providers.

11 (e) According to the CDC, in one year, 262.5 million courses
12 of antibiotics are written in outpatient settings. This equates to
13 more than five prescriptions written each year for every six people
14 in the United States. The CDC estimates that over one-half of the
15 antibiotics prescribed in outpatient settings are unnecessary.

16 (f) More than 10 million courses of antibiotics are prescribed
17 each year for viral conditions that do not benefit from antibiotics.

18 (g) Antibiotic stewardship programs, which are already required
19 in general acute care hospitals and skilled nursing facilities in the
20 state, but not in outpatient settings, are an effective way to reduce
21 inappropriate antibiotic use and the prevalence of
22 antibiotic-resistant infections.

23 (h) The President's National Action Plan for Combating
24 Antibiotic-Resistant Bacteria calls for the establishment of
25 antibiotic stewardship activities in all health care delivery settings,
26 including outpatient settings, by 2020.

27 SEC. 2. The heading of Article 2.6 (commencing with Section
28 1645) of Chapter 4 of Division 2 of the Business and Professions
29 Code is amended to read:

30
31 Article 2.6. Continuing Education and Antimicrobial
32 Stewardship
33

34 SEC. 3. Section 1645.5 is added to the Business and Professions
35 Code, to read:

36 1645.5. (a) For purposes of this section the following
37 definitions apply:

38 (1) "Antimicrobial stewardship policy" means efforts to promote
39 the appropriate ~~and optimal selection, dosage, and duration~~
40 *prescribing* of antimicrobials for patients, with the goal of reducing

1 antimicrobial overuse and misuse and minimizing the development
2 of antimicrobial resistant infections, that is consistent with one of
3 the following parameters:

4 (A) Antimicrobial stewardship guidelines published by the
5 federal Centers for Disease Control and Prevention, the federal
6 Centers for Medicare and Medicaid Services, the Society for
7 Healthcare Epidemiology of America, the Infectious Diseases
8 Society of America, or similar recognized professional
9 organizations.

10 (B) Evidence-based methods. To the extent practicable,
11 antimicrobial stewardship policies based on proven, evidence-based
12 methods should include more than one intervention or component.

13 (2) A “covered licensee” means a dentist who practices dentistry
14 in a setting other than a clinic licensed pursuant to Section 1204
15 of the Health and Safety Code, a general acute care hospital as
16 defined in subdivision (a) of Section 1250 of the Health and Safety
17 Code, or a skilled nursing facility as defined in subdivision (c) of
18 Section 1250 of the Health and Safety Code.

19 (3) “Evidence-based methods” means antimicrobial prescribing
20 intervention methods that have been proven effective through
21 outcome evaluations or studies, including, but not limited to, audit
22 and feedback, academic detailing, clinical decision support, delayed
23 prescribing practices, poster-based interventions, accountable
24 justification, and peer comparison.

25 (b) A covered licensee shall adopt and implement an
26 antimicrobial stewardship policy before applying for a renewal
27 license.

28 (c) Upon filing an application with the board for a renewal
29 license, a covered licensee shall certify in writing, on a form
30 prescribed by the board, that he or she has both adopted an
31 antimicrobial stewardship policy pursuant to subdivision (b) and
32 is in compliance with that policy.

33 (d) (1) The board shall audit during each year a random sample
34 of covered licensees who have certified compliance pursuant to
35 subdivision (c). The board shall not audit an individual covered
36 licensee more than once every four years.

37 (2) A covered licensee who is selected for audit shall submit to
38 the board, on a form prescribed by the board, a copy of his or her
39 antimicrobial stewardship policy.

(e) If the board determines that an audited covered licensee has failed to comply with subdivision (b), the board shall require that covered licensee to comply with subdivision (b) during the following renewal period. If the covered licensee fails to comply within that *renewal* period, ~~he or she is ineligible for a subsequent license renewal until he or she has documented compliance. that failure constitutes unprofessional conduct subject to discipline pursuant to Section 1670.~~

SEC. 4. The heading of Article 10 (commencing with Section 2190) of Chapter 5 of Division 2 of the Business and Professions Code is amended to read:

Article 10. Continuing Medical Education and Antimicrobial Stewardship

SEC. 5. Section 2197 is added to the Business and Professions Code, to read:

2197. (a) For purposes of this section the following definitions apply:

(1) “Antimicrobial stewardship policy” means efforts to promote the appropriate ~~and optimal selection, dosage, and duration prescribing~~ of antimicrobials for patients, with the goal of reducing antimicrobial overuse and misuse and minimizing the development of antimicrobial resistant infections, that is consistent with one of the following parameters:

(A) Antimicrobial stewardship guidelines published by the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, or similar recognized professional organizations.

(B) Evidence-based methods. To the extent practicable, antimicrobial stewardship policies based on proven, evidence-based methods should include more than one intervention or component.

(2) A “covered licensee” means a physician and surgeon who practices medicine in a setting other than a clinic licensed pursuant to Section 1204 of the Health and Safety Code, a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code, or a skilled nursing facility as defined in subdivision (c) of Section 1250 of the Health and Safety Code.

1 (3) “Evidence-based methods” means antimicrobial prescribing
2 intervention methods that have been proven effective through
3 outcome evaluations or studies, including, but not limited to, audit
4 and feedback, academic detailing, clinical decision support, delayed
5 prescribing practices, poster-based interventions, accountable
6 justification, and peer comparison.

7 (b) A covered licensee shall adopt and implement an
8 antimicrobial stewardship policy before applying for a renewal
9 license.

10 (c) Upon filing an application with the board for a renewal
11 license, a covered licensee shall certify in writing, on a form
12 prescribed by the board, that he or she has both adopted an
13 antimicrobial stewardship policy pursuant to subdivision (b) and
14 is in compliance with that policy.

15 (d) (1) The board shall audit during each year a random sample
16 of covered licensees who have certified compliance pursuant to
17 subdivision (c). The board shall not audit an individual covered
18 licensee more than once every four years.

19 (2) A covered licensee who is selected for audit shall submit to
20 the board, on a form prescribed by the board, a copy of his or her
21 antimicrobial stewardship policy.

22 (e) If the board determines that an audited covered licensee has
23 failed to comply with subdivision (b), the board shall require that
24 covered licensee to comply with subdivision (b) during the
25 following renewal period. If the covered licensee fails to comply
26 within that *renewal* period, ~~he or she is ineligible for a subsequent~~
27 ~~license renewal until he or she has documented compliance.~~ *that*
28 *failure constitutes unprofessional conduct subject to discipline*
29 *pursuant to Section 2234.*

30 SEC. 6. Section 2454.6 is added to the Business and Professions
31 Code, to read:

32 2454.6. (a) For purposes of this section the following
33 definitions apply:

34 (1) “Antimicrobial stewardship policy” means efforts to promote
35 the appropriate ~~and optimal~~ selection, dosage, and duration
36 *prescribing* of antimicrobials for patients, with the goal of reducing
37 antimicrobial overuse and misuse and minimizing the development
38 of antimicrobial resistant infections, that is consistent with one of
39 the following parameters:

1 (A) Antimicrobial stewardship guidelines published by the
2 federal Centers for Disease Control and Prevention, the federal
3 Centers for Medicare and Medicaid Services, the Society for
4 Healthcare Epidemiology of America, the Infectious Diseases
5 Society of America, or similar recognized professional
6 organizations.

7 (B) Evidence-based methods. To the extent practicable,
8 antimicrobial stewardship policies based on proven, evidence-based
9 methods should include more than one intervention or component.

10 (2) A “covered licensee” means an osteopathic physician and
11 surgeon who practices osteopathic medicine in a setting other than
12 a clinic licensed pursuant to Section 1204 of the Health and Safety
13 Code, a general acute care hospital as defined in subdivision (a)
14 of Section 1250 of the Health and Safety Code, or a skilled nursing
15 facility as defined in subdivision (c) of Section 1250 of the Health
16 and Safety Code.

17 (3) “Evidence-based methods” has the same meaning as in
18 paragraph (3) of subdivision (a) of Section 2197.

19 (b) A covered licensee shall adopt and implement an
20 antimicrobial stewardship policy before applying for a renewal
21 license.

22 (c) Upon filing an application with the board for a renewal
23 license, a covered licensee shall certify in writing, on a form
24 prescribed by the board, that he or she has both adopted an
25 antimicrobial stewardship policy pursuant to subdivision (b) and
26 is in compliance with that policy.

27 (d) (1) The board shall audit during each year a random sample
28 of covered licensees who have certified compliance pursuant to
29 subdivision (c). The board shall not audit an individual covered
30 licensee more than once every four years.

31 (2) A covered licensee who is selected for audit shall submit to
32 the board, on a form prescribed by the board, a copy of his or her
33 antimicrobial stewardship policy.

34 (e) If the board determines that an audited covered licensee has
35 failed to comply with subdivision (b), the board shall require that
36 licensee to comply with subdivision (b) during the following
37 renewal period. If the covered licensee fails to comply within that
38 ~~renewal period, he or she is ineligible for a subsequent license~~
39 ~~renewal until he or she has documented compliance. that failure~~

1 *constitutes unprofessional conduct subject to discipline pursuant*
2 *to Section 2234.*

3 SEC. 7. Section 2496.5 is added to the Business and Professions
4 Code, to read:

5 2496.5. (a) For purposes of this section the following
6 definitions apply:

7 (1) “Antimicrobial stewardship policy” means efforts to promote
8 the appropriate ~~and optimal~~ selection, dosage, and duration
9 *prescribing* of antimicrobials for patients, with the goal of reducing
10 antimicrobial overuse and misuse and minimizing the development
11 of antimicrobial resistant infections, that is consistent with one of
12 the following parameters:

13 (A) Antimicrobial stewardship guidelines published by the
14 federal Centers for Disease Control and Prevention, the federal
15 Centers for Medicare and Medicaid Services, the Society for
16 Healthcare Epidemiology of America, the Infectious Diseases
17 Society of America, or similar recognized professional
18 organizations.

19 (B) Evidence-based methods. To the extent practicable,
20 antimicrobial stewardship policies based on proven, evidence-based
21 methods should include more than one intervention or component.

22 (2) A “covered licensee” means a podiatrist who practices
23 podiatric medicine in a setting other than a clinic licensed pursuant
24 to Section 1204 of the Health and Safety Code, a general acute
25 care hospital as defined in subdivision (a) of Section 1250 of the
26 Health and Safety Code, or a skilled nursing facility as defined in
27 subdivision (c) of Section 1250 of the Health and Safety Code.

28 (3) “Evidence-based methods” has the same meaning as in
29 paragraph (3) of subdivision (a) of Section 2197.

30 (b) A covered licensee shall adopt and implement an
31 antimicrobial stewardship policy before applying for a renewal
32 license.

33 (c) Upon filing an application with the board for a renewal
34 license, a covered licensee shall certify in writing, on a form
35 prescribed by the board, that he or she has both adopted an
36 antimicrobial stewardship policy pursuant to subdivision (b) and
37 is in compliance with that policy.

38 (d) (1) The board shall audit during each year a random sample
39 of covered licensees who have certified compliance pursuant to

subdivision (c). The board shall not audit an individual covered licensee more than once every four years.

(2) A covered licensee who is selected for audit shall submit to the board, on a form prescribed by the board, a copy of his or her antimicrobial stewardship policy.

(e) If the board determines that an audited covered licensee has failed to comply with subdivision (b), the board shall require that licensee to comply with subdivision (b) during the following renewal period. If the covered licensee fails to comply within that renewal period, ~~he or she is ineligible for a subsequent license renewal until he or she has documented compliance. that failure constitutes unprofessional conduct subject to discipline pursuant to Section 2234.~~

SEC. 8. Article 2.7 (commencing with Section 1223) is added to Chapter 1 of Division 2 of the Health and Safety Code, to read:

Article 2.7. Antimicrobial Stewardship Guidelines

1223. (a) For purposes of this article the following definitions apply.

(1) “Antimicrobial stewardship policy” means efforts to promote the appropriate ~~and optimal selection, dosage, and duration~~ prescribing of antimicrobials for patients, with the goal of reducing antimicrobial overuse and misuse and minimizing the development of antimicrobial resistant infections.

(2) “Evidence-based methods” means antimicrobial prescribing intervention methods that have been proven effective through outcome evaluations or studies, including, but not limited to, audit and feedback, academic detailing, clinical decision support, delayed prescribing practices, poster-based interventions, accountable justification, and peer comparison.

(b) On or before January 1, 2018, a primary care clinic or specialty ~~clinic~~ *clinic, licensed pursuant to Section 1204*, shall adopt and implement an antimicrobial stewardship policy that is consistent with one of the following parameters:

(1) Antimicrobial stewardship guidelines published by the federal Centers for Disease Control and Prevention, the federal Centers for Medicare and Medicaid Services, the Society for Healthcare Epidemiology of America, the Infectious Diseases

1 Society of America, or similar recognized professional
2 organizations.

3 (2) Evidence-based methods. To the extent practicable,
4 antimicrobial stewardship policies based on proven, evidence-based
5 methods should include more than one intervention or component.

6 SEC. 9. No reimbursement is required by this act pursuant to
7 Section 6 of Article XIII B of the California Constitution because
8 the only costs that may be incurred by a local agency or school
9 district will be incurred because this act creates a new crime or
10 infraction, eliminates a crime or infraction, or changes the penalty
11 for a crime or infraction, within the meaning of Section 17556 of
12 the Government Code, or changes the definition of a crime within
13 the meaning of Section 6 of Article XIII B of the California
14 Constitution.